

**DMHMRSAS**



**Department of Mental Health, Mental Retardation,  
and Substance Abuse Services (DMHMRSAS)**

**Virginia Association of Community Service Boards  
(CSBs)**

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# **Community Consumer Submission (CCS) Extract Specifications for CCS3**



**Effective July 1, 2007  
for Fiscal Year 2008**

## TABLE OF CONTENTS

<b>PURPOSE AND SCOPE.....</b>	<b>4</b>
<i>Purpose .....</i>	<i>4</i>
<i>Scope.....</i>	<i>4</i>
<b>DEFINITIONS.....</b>	<b>5</b>
<i>Consumer.....</i>	<i>5</i>
<i>Consumer and Provider Services.....</i>	<i>5</i>
<i>Type of Care and Episode of Care.....</i>	<i>5</i>
Background.....	5
Description.....	6
Episode of Care and Program Area.....	6
Type of care and Consumer Designation Codes.....	6
<i>Program Area .....</i>	<i>7</i>
<i>Service.....</i>	<i>7</i>
<i>Service Codes and Units .....</i>	<i>7</i>
<i>Service Dates .....</i>	<i>7</i>
Date provided.....	7
From/Through date.....	8
<i>Service Date Reporting Categories.....</i>	<i>8</i>
Services Available Outside of a Program Area.....	8
Services Available at Admission to a Program Area.....	9
<b>EXTRACT FILES.....</b>	<b>10</b>
<i>Consumer file (Consumer.txt).....</i>	<i>10</i>
Extract schedule and consumer status changes .....	10
Extract Criterion.....	10
<i>TypeOfCare file (TypeOfCare.txt) .....</i>	<i>10</i>
Extract Criterion.....	10
<i>Service file (Service.txt) .....</i>	<i>11</i>
Extract Criterion.....	11
<b>SUBMISSION PROCEDURES AND PROCESSES.....</b>	<b>12</b>
<i>Timeliness .....</i>	<i>12</i>
<i>Security .....</i>	<i>12</i>
<i>Quality Control Responsibilities .....</i>	<i>12</i>
<b>APPENDIX A: EXTRACT LOOKUP TABLES .....</b>	<b>13</b>
<b>APPENDIX B: CCS3 EXTRACT FILE LAYOUTS - DS1.....</b>	<b>14</b>
<i>Type of care file (TypeOfCare.txt).....</i>	<i>14</i>
<i>Consumer file (Consumer.txt).....</i>	<i>15</i>
<i>Service file (Service.txt) .....</i>	<i>17</i>
<b>APPENDIX C: CCS3 EXTRACT DATA ELEMENT DEFINITIONS.....</b>	<b>18</b>
<i>Existing data elements .....</i>	<i>18</i>
Alphabetic Cross Reference of Data Elements.....	18
<i>New Data Elements in CCS3 .....</i>	<i>37</i>
<i>Optional data elements .....</i>	<i>38</i>
<i>CCS2 Data Elements Deleted from CCS3.....</i>	<i>39</i>
<b>APPENDIX D: DATA COLLECTION MATRIX.....</b>	<b>41</b>
<i>When is data collected? .....</i>	<i>41</i>
Case Opening .....	41
Admission to/Discharge from a Program Area (Type of Care event) .....	42
<i>Data Element and Program Area Cross-Reference Chart.....</i>	<i>43</i>
<b>APPENDIX E: BUSINESS RULES .....</b>	<b>45</b>
<i>Extract record values.....</i>	<i>45</i>
General.....	45

Dates .....	45
<i>CCS3 Unknown Value Codes</i> .....	46
Blanks .....	46
Not applicable (96).....	46
Unknown (97) .....	47
Not collected (98).....	47

# Purpose and Scope

## Purpose

The Community Consumer Submission (CCS) is a compilation of data on consumers with mental illnesses, mental retardation, or substance use disorders and the mental health, mental retardation, and substance abuse services provided to them.

In order for the CCS system to produce valid data, all CSBs are required to submit data using the same formats and definitions. This document provides the information needed to produce the standard data files and defines the process of submitting the files to the Department.

The Department is required to submit data to state and federal funding sources, including the Virginia Department of Planning and Budget (DPB) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Federal policymakers, researchers, and many others use this data. CCS provides data for comparisons and trends on the characteristics of persons receiving mental health, mental retardation, and substance abuse services from CSBs.

## Scope

This document provides to programmers the extract specifications for reporting consumer level data via the Department's Community Consumer Submission (CCS) process. The principal audiences for this document are Department of Mental Health, Mental Retardation and Substance Abuse Services (Department) and Community Services Board (CSB) staff participating in the collection, submission, and utilization of data about consumers and community services.

Throughout this manual, the term CSB (community services board) includes operating and administrative policy CSBs, behavioral health authorities, and local government departments with policy-advisory CSBs.

## Definitions

For convenience sake, the following definitions are copied here from the Core Services Taxonomy, which should be consulted for further reference since it is the defining authority for these definitions.

### Consumer

For purposes of CCS, a consumer is an individual who received services from the CSB that are reportable under the Community Services Performance Contract. The Code of Virginia (§ 37.2-100) and the Taxonomy define a consumer.

As in CCS2, a consumer is identified by an id (ex. SSN, ConsumerId). However, a 'Z' code can be used where there is no specific identifiable consumer. This Z code is identified by the letter Z (lower or upper case) in the first position of the ConsumerId field (data element #7). Any value in that field that begins with the letter Z will be considered a generic (unidentified) consumer, regardless of the characters that follow it.

### Consumer and Provider Services

There are two service unit fields on the Services extract table:

1. The Units (#10) field tracks the number of units provided to the consumer; i.e. they are 'provider' units. This is the most commonly used of the two.
2. Certain service codes require both consumer and provider Service Hour as the unit of service. These service codes are identified in the Core Services Taxonomy, under the "Category and Subcategory Matrix". An example is Emergency Services (100).

For these codes, consumer service hours only must be entered into the second unit field, the ConsumerServiceHours field (#56). Only direct, face-to-face service hours are reported in this field. The provider service units continue to be recorded in the Units field (#10).

It is possible using the Units field and the ConsumerServiceHours field to record the following relationships between provider and consumer service hours:

A 1:1 relationship, where a consumer and provider both have hours, which are the same. For example, a provider provides an hour of therapy, and a single consumer receives that hour. For any core service category or subcategory identified in the Category and Subcategory Matrix for which the service unit is a service hour, whenever a provider delivers an hour of service, a consumer service hour (received by the consumer) must also be recorded, collected, and reported.

A 1:N (one to many) relationship, where there is a single (1) provider, and many (N) consumers. This would occur for example in a group therapy session where a single provider provides therapy to multiple consumers in a group. In this situation, there will be a single consumer record for each of the consumers in the group, so each of the many (N) records must be recorded separately. So if a single provider provided an hour of therapy to a group of 10 consumers, then there would be one record for the provider and 10 separate records, one for each consumer. The ConsumerId field on the provider record will use the generic (unidentified) consumer id (the 'Z' consumer) in the record for the provider.

### Type of Care and Episode of Care

#### *Background*

In CCS2 terminology, an episode of care had a specific meaning: it was the time period between an admission to and then discharge from a CSB. CCS2 processing ultimately separated the beginning and the end of the episode of care into two separate records, an admission record and a discharge record. In addition, there was a program record that marked the enrollment to and release from a program. Since the admission and discharge records were separate, it was hard to match them; there was no reliable way to reconnect them.

All these records essentially functioned as snapshots of the consumer status at that point in time; they were identified by the service code, the date (admission date, discharge date, enrollment or release dates), and then fields from the consumer record with the consumer status.

### *Description*

In CCS3, the term ‘type of care’ is used to represent a time period between a beginning and ending point in time (or a from and through date). A type of care in CCS3 includes an episode of care, which is just one example of a type of care. A type of care is any time period with the following characteristics:

- It is bounded by a starting point and an ending point, both of which are specific dates.
- It represents a checkpoint (snapshot) or point in time at which we wish to take a view of the consumer’s status.
- It is a marker after which the data input requirements in CCS change. These markers trigger the business rules that determine what specific pieces of data are to be reported, as documented in the section “When is data collected?” on page 41.

A type of care is represented by a record in the TypeOfCare file, which is a new file in CCS3. The TypeOfCare file includes records that represent an episode of care (i.e. an admission to and discharge from a program area); a consumer designation indicating that the consumer is participating in a special project, program, or initiative (indicated by the 900 series of codes); or in the future any other type of care that meets the above characteristics.

### *Episode of Care and Program Area*

In CCS3 an episode of care in any of the three program areas represents an admission to and discharge from that program area, and not admission to and discharge from a CSB. Consumers can have an unlimited number of episodes of care, although at any given point in time they must be in only one episode of care for any one program area at any given CSB. A current episode of care is one in which the through date is greater than the current date (or date of extract); a previous episode of care is one in which the through date is less than or equal to the current date. For example, if a consumer is receiving treatment for co-occurring mental illness and substance use disorders, he or she will have one mental health episode of care and one substance abuse episode of care, in addition to any number of previous possible episodes of care.

Episodes in different program areas can overlap; there is no requirement that a consumer end the episode of care in one program area before starting an episode of care in a different program area. Episode of Care records for the same Program Area can not overlap.

Admission to a program area ‘admits’ a consumer to any of the services in that program area; there is no separate admission required for a service or individual program within a program area.

### *Type of care and Consumer Designation Codes*

Core Services Taxonomy 7.1, released in conjunction with these extract specifications, designates consumers who participate in certain identified initiatives or projects with a consumer designation code. These codes are not service codes per se, like 310 is the core services code for outpatient services. These codes are the ‘900 series’ of codes; ex. 910 is the consumer designation code for the Discharge Assistance Project (DAP), 918 is the code for the PACT program, and 919 is the code for the PATH program.

The component services of these projects or initiatives are included under the appropriate core services (e.g. Outpatient, Case Management, and various Day Support or Residential Services).

A type of care record must be created in the TypeOfCare file for the consumer in these initiatives or projects. The consumer designation code must be entered in the TypeOfCare field. This record must be created when the consumer first receives a service that falls under these codes; i.e. when a consumer enters into or participates in those initiatives or projects, thus starting their type of care, and then when a consumer leaves these initiatives.

Normally a type of care record for a program area episode of care must be created and exist before creating a type of care record for the consumer designation code. In other words, a consumer must be admitted to a program area before being given a consumer designation (900 series) code. However, this rule does not apply in certain

situations, e.g. the PATH program, which is included in Consumer Monitoring, a service available outside of a program area.

## **Program Area**

**Program Area** means the general classification of service activities for one of the following defined conditions: a mental illness, mental retardation, or a substance use disorder. The three program areas in the public services system are mental health, mental retardation, and substance abuse services. Substance use disorder names a condition experienced by an individual, while substance abuse names the services used to treat that disorder.

For CCS3, the 400 code has been added as a pseudo program area id in order to identify services provided outside of a program area. Consumers are not admitted to or discharged from the 400 code. Service code 400 should only be used in the Service Extract File. For more information, consult the current Core Services Taxonomy.

## **Service**

For purposes of CCS, a service is extracted as a service delivered to consumers that can be identified by a Program Area Code and a Core Services Taxonomy service code, with a corresponding unit of measure. This includes consumers receiving services from CSB contractors.

CCS3 continues to report actual service delivery. Estimated service hours are not tracked by CCS3, nor are SA prevention services, which continue to be reported separately through the KIT Prevention system.

## **Service Codes and Units**

Services are identified by the program area codes and the Core Services Taxonomy codes (“service codes”). Services are measured in units. The Core Services Taxonomy identifies these service codes and defines their corresponding units. There are four kinds of service units: service hours (which include provider service hours and consumer service hours), bed days, day support hours, and day of service.

## **Service Dates**

It is a CCS3 requirement that a specific date be identified with a service rather than the CCS2 scheme of providing only the fiscal year in which the service was provided. Because services are now reported with a specific date(s), they are no longer aggregated.

For flexibility, two date fields are available. The first date is the service from date; the second is the service through date. If a service starts and ends on the same date, then the values of both fields should be the same. Allowing for a separate through date gives the flexibility to report services that might be better reported over a longer period of time than a single day. The service through date may be left blank by CSBs unable to report it due to technical limitations of their software.

It should be noted that the through date is not used to calculate the units of service; the units of service should be what is actually delivered during the time period. CCS3 does not do any calculations involving from date and through date to calculate the units of service.

The use of the two fields varies by service code and is shown in the table on the next page, using one of these two reporting categories.

### ***Date provided***

The service codes in this category are reported for the specific date using the ServiceFromDate field. The value of the ServiceFromDate must also be copied into the ServiceThroughDate field in the extract so that the two fields show that the service starts and ends on the same date.

For example, if a CSB provided three hours of outpatient services to a consumer on March 1, 2007 it would report a single service record for three hours of outpatient services with a ServiceFromDate of 03012007 and a ServiceThroughDate of 03012007.

### *From/Through date*

The service records in this category will have separate values in each date field. The ServiceFromDate field records the day the provision of service begins, and the ServiceThroughDate field records the day the provision ends. These fields are inclusive; they include services provided on those days.

A day represents a normal 24 hour time period from 12:00 am to 12:00 pm.

Business rules require the following of the service dates:

- For services provided during an admission to a program area, the ServiceFromDate must be a date equal to or greater than the TypeOfCareFromDate, and the ServiceThroughDate must be a date equal to or less than the TypeOfCareThroughDate. If the TypeOfCareThroughDate is blank, the ServiceThroughDate must be a date less than or equal to the end of the current reporting month. In other words, the dates of the service must fall within the dates of the corresponding type of care for a program area.
- The ServiceThroughDate must be a date greater than or equal to the ServiceFromDate (unless it is blank – see below).
- Services cannot span multiple months. If a service spans multiple months, then a separate service record must be created at the start of the next month. The ServiceThroughDate cannot be greater than the last day of the reporting month.
- The ServiceThroughDate can be blank if the CSB is technically unable to provide the ServiceThroughDate.

For example, if a CBS began serving a consumer in a group home program on Dec. 15, 2006, and the consumer was still receiving services at the end of the month, the extract for December would have a service record that showed 17 bed days of intensive residential services (service code 521) for the 15<sup>th</sup>-31<sup>st</sup> period. The ServiceFromDate would be 12152006, and the ServiceThroughDate would be 12312006. If the consumer was still receiving services in January, but then left the group home on January 14, 2007, then there would be another service record in January where the ServiceFromDate would be 01012007, the ServiceThroughDate would be 01142007, and the service units would be 14 days (1<sup>st</sup>-14<sup>th</sup>)

Of course, if this same consumer ended his or her intensive residential services on December 22, 2006, then there would one service record extracted for December showing the ServiceFromDate of 12152006, a ServiceThroughDate of 12222006, and service units for eight bed days (15<sup>th</sup>-22<sup>nd</sup>).

## **Service Date Reporting Categories**

The service codes and their corresponding reporting category are broken out in the following tables in the order in which they are listed in the Core Services Taxonomy 7.1 (i.e. based on the New Paradigm).

### *Services Available Outside of a Program Area*

<b>Service Code</b>	<b>Service Description</b>	<b>Units and Dates Reported</b>	<b>Reporting Category</b>
100	Emergency services	Report units provided on that date	Date provided
318	Motivational treatment services	Report units provided on that date	Date provided
390	Consumer monitoring services	Report units provided over that period of time	From/through date
620	Early intervention services	Report units provided on that date	Date provided
720	Assessment and evaluation services	Report units provided on that date	Date provided



*Services Available at Admission to a Program Area*

<b>Service Code</b>	<b>Service Description</b>	<b>Units and Dates Reported</b>	<b>Reporting Category</b>
250	Acute psychiatric or SA inpatient services	Report units provided over that period of time	From/through date
260	Community-based SA detox inpatient services	Report units provided over that period of time	From/through date
310	Outpatient services	Report units provided on that date	Date provided
320	Case management services	Report units provided on that date	Date provided
330	Opioid detoxification services	Report units provided on that date	Date provided
340	Opioid treatment services	Report units provided on that date	Date provided
350	Assertive community treatment	Report units provided on that date	Date provided
410	Day treatment/ partial hospitalization	Report units provided over that period of time	From/through date
420	Ambulatory crisis stabilization services	Report units provided over that period of time	From/through date
425	Rehabilitation/habilitation	Report units provided over that period of time	From/through date
430	Sheltered employment services	Report units provided over that period of time	From/through date
460	Individual sheltered employment services	Report units provided over that period of time	From/through date
465	Group supported employment services	Report units provided over that period of time	From/through date
501	Highly intensive residential services	Report units provided over that period of time	From/through date
510	Residential crisis stabilization services	Report units provided over that period of time	From/through date
521	Intensive residential services	Report units provided over that period of time	From/through date
531	Jail habilitation services	Report units provided over that period of time	From/through date
551	Supervised residential services	Report units provided over that period of time	From/through date
581	Supportive residential services	Report units provided over that period of time	From/through date
610	Prevention services	Report units provided on that date	Date provided
625	Infant and Toddler Services	Report units provided on that date	Date provided

## Extract Files

Each CSB will extract data from its information system into three separate ASCII, comma delimited extract files. Each record will have an Agency Code that will identify the records as belonging to that particular CSB.

The data elements within those files are described in further detail with allowable values beginning on page 18.

### **Consumer file (Consumer.txt)**

The Consumer extract file continues to represent a snapshot of a consumer's status at a point in time. It contains essentially the same information it did in CCS2: identification, demographics, diagnosis, substance use, and status information about a consumer.

#### *Extract schedule and consumer status changes*

If CCS were more of a real-time system, changes to a consumer record would be updated frequently, perhaps as often as once a day. But CCS3, like CCS2, is a batch extract system, with extracts done and transmitted to the Department each month.

Since Consumer records are only extracted monthly, they will contain the information about that consumer at the time the extract is run (which may or may not be the end of the reporting month). It is possible that the consumer's status could have changed more than once during the month, but that will not be captured in the extract. For example, it is conceivable that a consumer's SA diagnoses indicators could change more often than once a month, but only the status which is current at the time the extract is run will be submitted to the Department.

On the Department side, the CCS data warehouse will be keeping a separate record for each consumer's change in status, with a different artificial key identifying each consumer record. This will allow the Department to track the history of consumer changes, and relate them to specific service dates. However, this happens on the Department side of CCS, and does not affect the local CSB extract process.

#### *Extract Criterion*

Consumer records for all of consumers served by the CSB must be sent each month. This includes consumers who, within the current fiscal year:

1. Received a service available outside of a program area,
2. OR were admitted to a program area and received a service,
3. OR were discharged from a program area, with or without receiving a service.

An extract for a consumer must contain all the current values for the consumer at the time of extract.

### **TypeOfCare file (TypeOfCare.txt)**

The TypeOfCare file is a new file in CCS3 that combines two files from CCS2: the Admission file and the Program file. The concept of a type of care is discussed on page 5.

#### *Extract Criterion*

All type of care records for all CSB consumers must be sent each month for consumers who, within the current fiscal year:

1. Were admitted to a program area and received a service,
2. OR were discharged with or without receiving a service,
3. OR received a consumer designation code; for example, began participating in a PACT program.

## **Service file (Service.txt)**

Units of service are defined in the current Core Services Taxonomy and listed for each service in the Category and Subcategory Matrix.

### *Extract Criterion*

Service records will now be extracted monthly, along with the other files.

Each service extract must contain records for all services delivered during the fiscal year. For example, the service file for July 2007 would include the service records for July, the service file for August would include the service records for July and August, the service file for September would include the service records for July, August, and September, and so on. The service file grows during the year until at the end of the fiscal year it includes all the records for that fiscal year.

The Service Units field still reports the services received for the service date(s); it must not accumulate or total service units at a higher level than a date(s). For example, it must not represent the total service units for the month.

In situations where the same service is provided to a consumer at multiple times during the same day, CSBs may opt to report these records individually or summarize the units for the day in a single record.

# Submission Procedures and Processes

## Timeliness

CSBs must submit all CCS data on a monthly basis. This is a change from CCS2, which only required service data be submitted semi-annually.

Extract data must be received at the Department no later than the end of the month following the month of the extract. For example, November data is due in the Department no later than December 31. When a scheduled submission will not be made on time, the CSB must notify the Department by telephone, fax or email and provide a revised delivery date. The Department will monitor and report on compliance with the monthly reporting requirements.

## Security

Security of the data during transmission from the CSB to the Department is the responsibility of the Department. Data will be transmitted using a Secure Sockets Layer (SSL) protocol, which will ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements.

## Quality Control Responsibilities

Each CSB is responsible for:

- Ensuring that each record in the data submission contains the required key fields, that all fields in the record contain valid codes, and that no duplicate records are submitted;
- Cross-checking data items for consistency across data fields; and
- Responding promptly to CCS error reports by correcting and resubmitting data where appropriate.

The Department is responsible for:

- Prompt processing of CSB data submissions into the CCS data warehouse;
- Checking each record submitted to verify that all CCS key fields are valid;
- Issuing quality improvement reports on a quarterly basis to CSBs on the extract files after they have been submitted and processed.

## Appendix A: Extract Lookup Tables

Listed below are the lookup tables used in the CCS3 extract process. Each begins with a three character prefix, lkp, to identify it as a lookup table. There may be other lookup tables used in CCS3; however, these are the specific ones to be used by the CSBs and validated by the CCS3 extract software.

The enumeration of each value in the lookup tables has not been included here for brevity. However, the values of most of the lookup tables are documented under the data element that relies on them, in the section “Appendix C: CCS3 Extract Data Element Definitions” beginning on page 18. If there is any conflict between those values and the values in the lookup tables, the value in the lookup table will take precedence.

<i>Name</i>	<i>Description</i>
lkpAgency	Three character code identifying the CSB; ex. 049 = Piedmont Community Services
lkpCognitive	Code indicating a consumer with a cognitive delay.
lkpDisStatus	Code indicating the consumer’s disposition at the end of a type of care.
lkpDrug	Code indicating the type of drug used by consumers with substance use disorders.
lkpDrugMethod	Code indicating the consumer’s method of use or usual route of administration
lkpDSM4	DSM4 diagnoses codes for consumers
lkpEducation	Code indicating the consumer’s highest level of education
lkpEmployment	Code indicating the consumer’s involvement in the labor force
lkpEpisodes	Code indicating the number of previous episodes of care in any drug or alcohol program for the consumer
lkpFIPS	Federal code indicating city or county in which consumer lives.
lkpFrequency	Code indicating the consumer’s frequency of use for consumers with a substance use disorder.
lkpGender	Code indicating gender of the consumer
lkpHispanic	Code indicating the consumer’s Hispanic origin
lkpLegal	The consumer’s legal status in relation to the receipt of services
lkpProgram	Identifier for a program area (100, 200, 300) or pseudo program area (400)
lkpRace	Code indicating the self-identified race of the consumer
lkpReferral	Code indicating the person, agency, or organization that referred the consumer to the CSB
lkpResidence	Code indicating the consumer’s living arrangements
lkpService	The three character Core Services Taxonomy code, e.g., 310, 425, or 501
lkpSMISED	Code indicating if the consumer has a serious mental illness (SMI), a Serious Emotional Disturbance (SED), or is at-risk of SED.
lkpYesNo	Code indicating yes, no, unknown, or not collected.

## Appendix B: CCS3 Extract File Layouts - DS1

Listed below are the file layouts for the three files to be produced by each CSB as part of the initial extract process from the CSB's information system. As the first or original set of extract files, they are identified as Data Set 1 (DS1). These files are then used as input to subsequent processing, including hashing or transforming sensitive consumer identifying information before transmission of the extracted data to the Department.

Full definitions, descriptions, and validations of each of these data elements are contained in a separate appendix of these specifications, "Appendix C: CCS3 Extract Data Element Definitions" beginning on page 18.

The # column refers to the data element number. The numbers were carried forward from CCS2 as much as possible. The order of the fields follows the order of CCS2 as much as possible, with new fields generally added to the end of the file layout.

### Type of care file (TypeOfCare.txt)

#	Field Name	Type	Length	Description
2	AgencyCode	Text	3	CSB/Agency code (ex. 049, 031, etc.)
7	ConsumerId	Text	10	Identifier assigned by the CSB to a consumer; the local consumer number as opposed to a state wide number.
3	TypeOfCare	Text	3	Code indicating the program area (100, 200, 300) or consumer designation (ex. 910, 915).
12	DischargeStatus	Text	2	Code indicating treatment status of consumer at end of type of care.
61	TypeOfCareFromDate	Text	8	MMDDYYYY of the start date of the type of care.
60	TypeOfCareThroughDate	Text	8	MMDDYYYY of the ending date of the type of care.

## Consumer file (Consumer.txt)

#	Field Name	Type	Length	Description
2	AgencyCode	Text	3	CSB/Agency code (ex. 049, 031, etc.)
7	ConsumerId	Text	10	Identifier assigned by the CSB to a consumer; the local consumer number as opposed to a state wide number.
8	SSN	Text	9	Social security number of consumer. This raw value will be hashed before transmission.
16	DateOfBirth	Text	8	MMDDYYYY of the consumer's birth date.
17	Gender	Text	2	Code indicating gender of the consumer
18	Race	Text	2	Code indicating race of the consumer
19	HispanicOrigin	Text	2	Code indicating consumer's Hispanic origin
13a	SMISEDAtRisk	Text	2	Code indicating if the consumer has Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), or is At-Risk of SED.
13b	CognitiveDelay	Text	2	Code indicating if the consumer is a child who is at least three but less than six years old and has a confirmed cognitive delay within one year of assessment, but does not have a mental retardation diagnosis.
26	AxisICode1	Text	5	DSM Axis I diagnosis, code 1.
27	AxisICode2	Text	5	DSM Axis I diagnosis, code 2.
52	AxisICode3	Text	5	DSM Axis I diagnosis, code 3.
53	AxisICode4	Text	5	DSM Axis I diagnosis, code 4.
54	AxisICode5	Text	5	DSM Axis I diagnosis, code 5.
55	AxisICode6	Text	5	DSM Axis I diagnosis, code 6.
28	AxisIIPrimary	Text	5	DSM Axis II primary diagnosis.
29	AxisIISecondary	Text	5	DSM Axis II secondary diagnosis.
30	AxisIII	Text	1	DSM Axis III diagnosis.
31	AxisV	Text	5	DSM Axis V diagnosis code.
14	CityCountyResidenceCode	Text	3	Federally assigned (FIPS) code indicating the city or county in which the consumer resides
15	ReferralSource	Text	2	Code indicating person, agency, or organization that referred the consumer to the CSB.
23	TypeOfResidence	Text	2	Code indicating type of residence code
22	EmploymentStatus	Text	2	Code indicating the consumer's employment status
21	EducationLevel	Text	2	Code indicating the consumer's education level
24	LegalStatus	Text	2	Code indicating the consumer's legal status

25	NbrPriorEpisodesAnyDrug	Text	2	Code indicating the number of previous episodes in any drug or alcohol program for the consumer.
44	PregnantStatus	Text	1	Code indicating if the consumer is a female with a substance use disorder who is pregnant.
45	FemaleWithDependentChildrenStatus	Text	1	Code indicating if the consumer is a female with a substance use disorder who is living with dependent children
46	DaysWaitingToEnterTreatment	Text	3	Code indicating the number of calendar days from the first contact or request for service until the first scheduled appointment accepted by the consumer.
47	NbrOfArrests	Text	2	Number of consumer arrests in the past 30 days.
32	SAPDType	Text	2	SA primary drug: type of drug code
34	SAPDMethUse	Text	2	SA primary drug: method of use code
33	SAPDFreqUse	Text	2	SA primary drug: frequency of use code
35	SAPDAgeUse	Text	2	SA primary drug: age of first use code
36	SASDType	Text	2	SA secondary drug: type of drug code
38	SASDMethUse	Text	2	SA secondary drug: method of use code
37	SASDFreqUse	Text	2	SA secondary drug: frequency of use code
39	SASDAgeUse	Text	2	SA secondary drug: age of first use
40	SATDType	Text	2	SA tertiary drug: type of drug code
42	SATDMethUse	Text	2	SA tertiary drug: method of use code
41	SATDFreqUse	Text	2	SA tertiary drug: frequency of use code
43	SATDAgeUse	Text	2	SA tertiary drug: age of first use
49	AuthRep	Text	1	Code indicating authorized representative status
57	MedicaidNbr	Text	12	Consumer Medicaid number, in the format prescribed by the Department of Medical Assistance Services (DMAS)
58	ConsumerFirstName	Text	30	Consumer first name, used to extract characters for probabilistic matching algorithm run by Department to generate unique consumer id. NOT TRANSMITTED TO DEPARTMENT
59	ConsumerLastName	Text	30	Consumer last name, used to extract characters for probabilistic matching algorithm run by Department to generate unique consumer id. NOT TRANSMITTED TO DEPARTMENT



## Service file (Service.txt)

#	Field Name	Type	Length	Description
2	AgencyCode	Text	3	CSB/Agency code (ex. 049, 031, etc.)
7	ConsumerId	Text	10	Identifier assigned by the CSB to a consumer; the local consumer number as opposed to a state wide number.
3	ProgramAreaId	Text	3	Code indicating whether consumer received this service through a service area (100,200,300 for MH, MR, SA); or whether consumer received services outside a program area (400).
5	ServiceCode	Text	3	Core services taxonomy service code, per the current Core Services Taxonomy, for this service.
48	ServiceFromDate	Text	8	MMDDYYYY indicating the start date of the service.
10	Units	Text (decimal)	8	Units of service as specified in the current Core Services Taxonomy: Service Hours (provider and consumer), Day Support Hours, Days of Service, and Bed Days. Reported with two decimal places (1.25, 1.00, etc.)
56	ConsumerServiceHours	Text (decimal)	8	Consumer service hours only. Reported with two decimal places (1.25, 1.00, etc.)
62	ServiceThroughDate	Text	8	MMDDYYYY indicating the end date of a service. If the service started and ended on the same day, this value must be the same as the from date.
63	StaffId (optional)	Text	10	The CSB local staff identification number, or for a contract provider, their local identification number.

## Appendix C: CCS3 Extract Data Element Definitions

### Existing data elements

Contained in the following pages are definitions and validations of the various data elements in CCS2 that have been essentially carried forward into CCS3. The numbers follow the numbering scheme from CCS2. Some of the data element names have changed slightly from CCS2 for clarity and standardization purposes. There are two sections at the end of the document for new data elements that are part of CCS3 (page 37) and data elements dropped in CCS3 (page 39).

Valid values for some data elements will be matched to ensure they can be found on a lookup table. Both the lookup table name and the valid values are listed here for clarity. Some of the lookup tables, like the DSM4 diagnoses codes, are too big to be reproduced here. If there is any conflict between this document and the values in the lookup tables, the value in the lookup table will take precedence.

### *Alphabetic Cross Reference of Data Elements*

The following table lists the CCS3 data elements alphabetically, with their corresponding data element number, for convenient reference.

2	AgencyCode	46	DaysWaitingToEnterTreatment	39	SASDAgeUse
49	AuthRep	12	DischargeStatus	37	SASDFreqUse
26	AxisICode1	21	EducationLevel	38	SASDMethUse
27	AxisICode2	22	EmploymentStatus	36	SASDType
52	AxisICode3	45	FemaleWithDependentChildrenStatus	43	SATDAgeUse
53	AxisICode4	17	Gender	41	SATDFreqUse
54	AxisICode5	19	HispanicOrigin	42	SATDMethUse
55	AxisICode6	24	LegalStatus	40	SATDType
30	AxisIII	57	MedicaidNbr	5	ServiceCode
28	AxisIIPrimary	47	NbrOfArrests	48	ServiceFromDate
29	AxisIISecondary	25	NbrPriorEpisodesAnyDrug	62	ServiceThroughDate
31	AxisV	44	PregnantStatus	13a	SMISEDAtRisk
14	CityCountyCode	3	ProgramAreaId	8	SSN
13b	CognitiveDelay	18	Race	63	StaffId
58	ConsumerFirstName	15	ReferralSource	61	TypeOfCareFromDate
7	ConsumerId	35	SAPDAgeUse	60	TypeOfCareThroughDate
59	ConsumerLastName	33	SAPDFreqUse	23	TypeOfResidence
56	ConsumerServiceHours	34	SAPDMethUse	10	Units
16	DateOfBirth	32	SAPDType		

<b>Data Element Nbr.</b>	<b>Data Element Name and Definition</b>	<b>Data Type</b>	<b>Max length</b>
2	<b>AgencyCode</b> The number, provided by the Department that identifies the CSB serving the consumer and supplying the consumer and service data.	Text	3
Must match one of the values in the lookup table lkpAGENCY. Leading zeros are used in that table for two digit CSB numbers to make the field length 3 characters.			
3	<b>ProgramAreaId</b> Indicates in which program area a consumer is receiving services. The current Core Services Taxonomy defines program areas. The three program areas in the public services system are mental health, mental retardation, and substance abuse services. CCS3 introduces a new value, 400, that indicates a pseudo program area, i.e. services received outside a program area.	Text	3
Must match one of the values in the lookup table lkpPROGRAM. Valid values are: 100 Mental Health 200 Mental Retardation 300 Substance Abuse 400 Services received outside of a program area			
5	<b>ServiceCode</b> Each core service in which the consumer receives services. Core services are defined in the current Core Services Taxonomy, and the description of each service indicates the type of service unit collected and reported for that service.	Text	3
Must match one of the values in the lookup table lkpSERVICE. These codes, also called the 'core service' codes; ex. 310, 320, etc are defined in the Core Services Taxonomy, which also indicates the type of service unit that must be collected and reported for that service.			
7	<b>ConsumerId</b> A number or a combination of numerical and alphabetical characters used to identify the consumer uniquely within the CSB; the local consumer number as opposed to a state number. Used to be called ClientId.	Text	10

Each CSB assigns and maintains these numbers, which can be up to 10 alphanumeric characters. If a consumer returns to the same CSB after discharge from a previous type of care, his or her same ConsumerId should be used again.			
8	<b>SSN</b>  The social security number of the consumer. Hashed for security purposes before transmission to the Department.	Text	9
Numbers only, no separations, dashes, or other special characters.			
10	<b>Units</b>  Amount of service provided to the consumer in the time period from the ServiceFromDate field and the ServiceThroughDate field. Reported with two decimal places (1.25, 1.00, etc.)	Text (decimal)	8
These units are the numeric measurement of the service <i>provided</i> to the consumer. Units of measure for this field include Provider Service Hours, Day Support Hours, Days of Service, and Bed Days, as defined in the Core Services Taxonomy. Hours of service received by the consumer are reported in data element # 56, and not here. Units of prevention are collected here for MH and MR prevention services using the generic (unidentified) consumer id.			
12	<b>DischargeStatus</b>  Status of the consumer at the end of a type of care. In CCS2 this was collected at the consumer's discharge from the CSB, but in CCS3 this field is captured on the type of care record.	Text	2
Must match one of the values in the lookup table lkpDISSTATUS. Valid codes are:  01 Discharged – Completed: Consumer received evaluation or assessment services only. 02 Discharged - Treatment Completed: Consumer successfully completed the planned treatment 03 Discharged – Treatment Incomplete: Administratively Discontinued, CSB lost contact with consumer, or case was closed after a predetermined period of time 04 Discharged – Treatment Incomplete: Consumer Died 05 Discharged – Treatment Incomplete: consumer terminated due to non-compliance (breaking program rules) 06 Discharged – Treatment Incomplete: Consumer terminated services against staff advice. 07 Discharged – Treatment Incomplete: Other 08 Discharged - Consumer terminated due to incarceration 96 Not applicable 97 Unknown 98 Not Collected			
13a	<b>SMISEDAtRisk</b>  Code indicating if the consumer has Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), or is At-Risk of SED as defined in the current Core Services Taxonomy. Note that codes 96-98 are a change from CCS2.	Text	2

Must match one of the values in the lookup table lkpSMISED. Valid codes are: 01 None 11 Serious Mental Illness (SMI) 12 Serious Emotional Disturbance (SED) 13 At-risk of SED 96 Not applicable 97 Unknown 98 Not collected			
13b	<b>CognitiveDelay</b> Code indicating if the consumer is a child who is at least three but less than six years old and has a confirmed cognitive delay within one year of assessment, but does not have a mental retardation diagnosis. More details on what constitutes a cognitive delay can be found in the current Core Services Taxonomy.	Text	2
Must match one of the values in the lookup table lkpCOGNITIVE. Valid codes are: 01 None 22 Cognitive delay 96 Not applicable 97 Unknown 98 Not collected			
14	<b>CityCountyResidenceCode</b> Federal (FIPS) code indicating the city or county in which the consumer resides.	Text	3
Must match one of the values in the lookup table lkpFIPS.			
15	<b>ReferralSource</b> The person, agency, or organization that referred the consumer to the CSB for evaluation or treatment.	Text	2

Must match one of the values in the lookup table lkpREFERRAL. Valid codes are:

- 01 Self
- 02 Family or friend
- 06 MR Care Provider
- 07 School system or educational authority
- 08 Employer or Employee Assistance Program (EAP)
- 09 ASAP or DUI program
- 10 Police or sheriff
- 11 Local correctional facility
- 12 State correctional facility
- 13 Community Diversion Incentive (CDI) Program
- 14 Probation Office
- 15 Parole Office
- 16 Other Community Referral
- 17 Private Hospital
- 18 Private Physician
- 19 Private MH Outpatient Practitioner
- 20 State MH Outpatient Practitioner
- 21 State Hospital\*
- 22 State Training Center
- 23 Non-Hospital SA Care Provider
- 24 Court
- 25 Department of Social Services (DSS)\*\*
- 26 Health Department
- 27 Other Virginia CSB
- 28 Department of Rehabilitative Services
- 29 Department of Social Services TANF Caseworker
- 30 Department of Social Services (Not TANF )
- 31 Department of Juvenile Justice
- 97 Unknown
- 98 Not Collected

\* Code referrals from the Hiram Davis Medical Center and the Virginia Center for Behavioral Rehabilitation as State Hospital (code 21).

\*\* For historical purposes only; use either code 29 or 30 instead.

16	<b>DateOfBirth</b> The consumer's date of birth	Text	8
MMDDYYYY, not spaces, slashes or special characters. Use two digits for month and day if necessary, i.e. February is 02; February 1 is 0201. Must be a date prior to the type of care from date. Cannot be a date in the future.			
17	<b>Gender</b> The consumer's gender.	Text	2
Must match one of the values in the lookup table lkpGENDER. Valid codes are: 01 Female 02 Male 97 Unknown 98 Not collected			
18	<b>Race</b> The consumer's race, as identified by the consumer.	Text	2

Must match one of the values in the lookup table lkpRACE. Valid codes are:

01 Alaska Native  
02 American Indian  
03 Asian or Pacific Islander\*  
04 Black or African American  
05 White  
06 Other  
13 Asian  
23 Native Hawaiian or Other Pacific Islander  
31 American Indian or Alaska Native and White\*\*  
32 Asian and White\*\*  
33 Black or African American and White\*\*  
34 American Indian or Alaska Native and Black or African American\*\*  
35 Other Multi-Race\*\*  
97 Unknown  
98 Not Collected

Consumers can self-identify one of these races, used by the federal Office of Management and Budget in the 2000 census: American Indian (02) or Alaska Native (01), Asian (13), Black or African American (04), Native Hawaiian or Other Pacific Islander (23), White (05), or Other (06). Alternately, consumers can choose one of the new multi-race codes, designated with the \*\* in the table. \* Code 03 was used in CCS2 for historical purposes; it should not be used in CCS3 for new consumers.

19	<b>HispanicOrigin</b> Identifies if a consumer is of Hispanic origin, as specified by the consumer using codes provided by the federal government,	Text	2
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Must match one of the values in the lookup table lkpHISPANIC. Valid codes are:

01 Puerto Rican  
02 Mexican  
03 Cuban  
04 Other Hispanic  
05 Not of Hispanic Origin  
06 Hispanic - Specific origin not specified  
97 Unknown  
98 Not Collected



21	<b>EducationLevel</b> The consumer's level of education; specifies the highest secondary school, vocational school, or college year completed or attained. There is no separate code for special education. Consumers who are in special education or have graduated from special education should have the highest school grade completed entered.	Text	2
Must match one of the values in the lookup table lkpEDUCATION. Valid codes are: 01 Never Attended School 03 Preschool/Kindergarten 04 Some Elementary School (Grades 1-7) 05 Completed Elementary School (Grade 8) 06 Some High School or Vocational Education (Grades 9-11) 07 Completed High School or Vocational Education (Grade 12 or High School Equivalent) 08 Some College 09 Completed College (Undergraduate degree or higher) 97 Unknown 98 Not Collected			
22	<b>EmploymentStatus</b> Code indicating that the consumer's employment status; ex. employed full time, employed part time, in an employment program, not in labor force, etc.	Text	2
Must match one of the values in the lookup table lkpEMPLOYMENT. Valid codes are: 01 Employed Full Time (35 hours a week or more; includes Armed Forces) 02 Employed Part Time (less than 35 hours a week) 03 Unemployed: Consumer is unemployed at the time of admission, but seeking employment 06 Not in Labor Force: Homemaker 07 Not in Labor Force: Student/Job Training Program 08 Not in Labor Force: Retired 09 Not in Labor Force: Disabled 10 Not in Labor Force: Resident/Inmate of Institution 11 Not in Labor Force-Other: Unemployed and not seeking employment 12 Employment Program: Include persons in supported employment settings 13 Not in Labor Force: Sheltered employment settings 97 Unknown 98 Not Collected			

23	<b>TypeOfResidence</b> Code indicating where the consumer lives.	Text	2
<p>Must match one of the values in the lookup table lkpRESIDENCE. Valid codes are:</p> <ul style="list-style-type: none"> <li>01 Private Residence or Household</li> <li>02 Shelter</li> <li>03 Boarding Home</li> <li>04 Foster Home or Family Sponsor Home</li> <li>05 Licensed Assisted Living Facility (CSB or non-CSB operated)</li> <li>06 Community (CSB) Residential Service</li> <li>07 Residential Treatment or Alcohol or Drug Rehabilitation (Other Residential Setting)</li> <li>08 Nursing Home or Physical Rehabilitation</li> <li>09 Hospital</li> <li>10 Local Jail or Correctional Facility</li> <li>11 State Correctional Facility</li> <li>12 Other Institutional Setting</li> <li>13 None (Homeless or homeless shelter)</li> <li>14 Juvenile Detention Center</li> <li>97 Unknown</li> <li>98 Not Collected</li> </ul>			
24	<b>LegalStatus</b> The consumer's legal status in relation to the receipt of services.	Text	2

Must match one of the values in the lookup table lkpLEGAL. Valid codes are:

- 01 Voluntary : Consumer seeks admission to services voluntarily
- 02 Involuntary Civil (ordered): Consumer is admitted to services involuntarily for a non-criminal proceeding, whether for purposes of examination and observation or for treatment.
- 04 Involuntary Juvenile Court: Guardianship remains with the parent, child remains in the community and is court ordered for treatment.
- 06 Involuntary Criminal (ordered): A person under criminal charges or convictions pending for purposes of treatment or evaluation.
- 07 Involuntary Criminal (ordered): A person under criminal charges and incompetent to stand trial.
- 08 Involuntary Criminal (ordered): A person under criminal charges who has been adjudicated not guilty by reason of insanity (NGRI)
- 09 Involuntary Criminal (ordered): A person under criminal charges with a determination of sexual psychopathy and related legal categories.
- 10 Involuntary Criminal (ordered): A person under criminal charges who is transferred from a correctional institution.
- 11 Treatment Ordered: Conditional release (NGRI)
- 12 Treatment Ordered: Condition of diversion
- 13 Treatment Ordered: Condition of probation
- 14 Treatment Ordered: Condition of parole
- 97 Unknown
- 98 Not Collected

25	<b>NbrPriorEpisodesAnyDrug</b>  The number of previous episodes of care in which the consumer has received any substance abuse services, regardless of the setting (e.g. hospital, community, another state). This number reflects complete episodes of care since the consumer first entered the system.	Text	2
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Must match one of the values in the lookup table lkpEPISODES. Valid codes are:

- 00 No prior episodes
- 01 One prior episode
- 02 Two prior episodes
- 03 Three prior episodes
- 04 Four prior episodes
- 05 Five or more prior episodes
- 96 Not applicable
- 97 Unknown
- 98 Not Collected

26	<b>AxisICode1</b> The current DSM4 Axis I diagnosis determined by clinical or direct care staff qualified to make such assessments.	Text	5
Must match one of the values in the lookup table lkpDSM4. Valid codes are any DSM (currently DSM 4) diagnosis code for Axis I, without the decimal point. The contents of the entire table are not reproduced here, but include the following values for unknown records.  99996 Not applicable 99997 Unknown 99998 Not collected			
27	<b>AxisICode2</b> The current DSM4 Axis I diagnosis determined by clinical or direct care staff qualified to make such assessments.	Text	5
Used for multiple Axis I diagnoses. Must match any one of the values in the lookup table lkpDSM4. Valid codes are any DSM4 diagnosis code for Axis I, without the decimal point used in some Axis I codes. The contents of the entire table are not reproduced here, but include the following values for unknown records.  99996 Not applicable 99997 Unknown 99998 Not collected			
28	<b>AxisIIPrimary</b> The primary DSM4 Axis II diagnosis determined by clinical or direct care staff qualified to make such assessments.	Text	5
Must match any one of the values in the lookup table lkpDSM4. Valid codes are any DSM4 diagnosis code for Axis II, without the decimal point used in some Axis I codes. The contents of the entire table are not reproduced here, but include the following values for unknown records.  99996 Not applicable 99997 Unknown 99998 Not collected			
29	<b>AxisIISecondary</b> The secondary DSM4 Axis II diagnosis determined by clinical or direct staff qualified to make such assessments.	Text	5

<p>Must match any one of the values in the lookup table lkpDSM4. Valid codes are any valid DSM4 diagnosis code for Axis II, without the decimal point. The contents of the entire table are not reproduced here, but include the following values for unknown records.</p> <p>99996 Not applicable</p> <p>99997 Unknown</p> <p>99998 Not collected</p>			
30	<b>AxisIII</b>  The DSM4 Axis III diagnosis determined by clinical or direct staff qualified to make such assessments.	Text	1
<p>Must match one of the values in the lookup table lkpYESNO. The values of this diagnosis are different from the other Axis diagnoses; Axis III is unique. Valid codes are:</p> <p>Y yes</p> <p>N no</p> <p>A Not applicable</p> <p>U unknown</p> <p>X not collected</p>			
31	<b>AxisV</b>  The DSM4 Axis V diagnosis, also called the Global Assessment of Functioning (GAF), as determined by clinical or direct staff qualified to make such assessments.	Text	5
<p>Must match any one of the values in the lookup table lkpDSM4. Valid codes are any valid DSM (currently DSM 4) level of disability (GAF) code. The contents of the entire table are not reproduced here, but include the following values for unknown records.</p> <p>99996 Not applicable</p> <p>99997 Unknown</p> <p>99998 Not collected</p>			
32	<b>SAPDType</b>  The consumer's primary substance use disorder problem (drug of abuse).	Text	2

Must match one of the values in the lookup table lkpDRUG. Valid codes are:

- 01 None
- 02 Alcohol
- 03 Cocaine or Crack Cocaine
- 04 Marijuana or Hashish - Including THC and other cannabis sativa preparations
- 05 Heroin
- 06 Non-prescription Methadone
- 07 Other Opiates/Synthetics - Including codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine like effects
- 08 PCP - Phencyclidine
- 09 Other Hallucinogens - Including LSD, DMT, STP mescaline, psilocybin, peyote, etc.
- 10 Methamphetamines
- 11 Other Amphetamines - Including Benzadrine, Dexedrine, Preludin, Ritalin, and any other "...amines" and related drugs
- 12 Other Stimulants
- 13 Benzodiazepine - Including Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam,
- 14 Other Tranquilizers
- 15 Barbiturates - Including Phenobarbital, Seconal, Nembutal, etc.
- 16 Other Sedatives or Hypnotics - Including chloralhydrate, Placidyl, Doriden, mempromate, etc.
- 17 Inhalants - Including ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.
- 18 Over the Counter - Including aspirin, cough syrup, Sominex, over-the-counter diet aids (e.g., Dexatrim), and any other legally obtained, non-prescription medication.
- 20 Other
- 96 Not Applicable
- 97 Unknown
- 98 Not Collected

33	<b>SAPDFreqUse</b>	Text	2
	The consumer's frequency of use of the primary drug of abuse.		

<p>Must match one of the values in the lookup table lkpFREQUENCY. Valid codes are:</p> <p>01 No use in the past month, consumer has not used any drug in past month; or consumer who is not currently a user but is seeking service to avoid relapse.</p> <p>02 One to three times in the past month</p> <p>03 One to two times per week</p> <p>04 Three to six times per week</p> <p>05 Daily</p> <p>96 Not applicable</p> <p>97 Unknown</p> <p>98 Not Collected</p>			
34	<p><b>SAPDMethUse</b></p> <p>The consumer's method of use or usual route of administration for the primary drug of abuse.</p>	Text	2
<p>Must match one of the values in the lookup table lkpDRUGMETHOD. Valid codes are:</p> <p>01 Oral</p> <p>02 Smoking</p> <p>03 Inhalation</p> <p>04 Injection (IV or Intramuscular)</p> <p>05 Other</p> <p>96 Not applicable</p> <p>97 Unknown</p> <p>98 Not Collected</p>			
35	<p><b>SAPDAgeUse</b></p> <p>The age at which the consumer first used the primary drug of abuse, or for alcohol, the age of the consumer's first intoxication.</p>	Text	2
<p>There is no lookup table for this field. The age must not be older than the consumer's age. Valid codes are:</p> <p>00 Newborn</p> <p>01-95 The actual age of first use</p> <p>96 Not applicable</p> <p>97 Unknown</p> <p>98 Not Collected</p>			

36	<b>SASDType</b> The consumer's secondary substance use disorder problem (drug of abuse).	Text	2
Valid codes are the same as the type of the consumer's primary drug of abuse.			
37	<b>SASDFreqUse</b> The consumer's frequency of use of the secondary drug of abuse.	Text	2
Valid codes are the same as the frequency of use for the consumer's primary drug of abuse.			
38	<b>SASDMethUse</b> The consumer's method of use or usual route of administration for the secondary drug of abuse.	Text	2
Valid codes are the same as the method of use for the consumer's primary drug of use.			
39	<b>SASDAgeUse</b> The age at which the consumer first used the secondary drug of abuse, or for alcohol, the age of the consumer's first intoxication.	Text	2
Valid codes are the same as the age at first use for the consumer's primary drug of abuse.			
40	<b>SATDType</b> The consumer's tertiary substance use disorder problem (drug of abuse).	Text	2
Valid codes are the same as for the type of the consumer's primary drug of abuse.			
41	<b>SATDFreqUse</b> The consumer's frequency of use of the tertiary drug of abuse.	Text	2
Valid codes are the same as the frequency of use for the consumer's primary drug of abuse.			
42	<b>SATDMethUse</b> The consumer's method of use or usual route of administration for the tertiary drug of abuse.	Text	2
Valid codes are the same as the method of use for the consumer's primary drug of use.			
43	<b>SATDAgeUse</b> The age at which the consumer first used the tertiary drug of abuse, or for alcohol, the age of the consumer's first intoxication.	Text	2
Valid codes are the same as the age at first use for the consumer's primary drug of abuse.			



44	<b>PregnantStatus</b> Indicates if the consumer is a female with a substance use disorder who is pregnant	Text	1
<p>Must match one of the values in the lookup table lkpYESNO. Gender code must be an 'F' to enter a 'Y' status. Valid codes are:</p> <p>Y yes N no A Not applicable U unknown X not collected</p>			
45	<b>FemaleWithDependentChildrenStatus</b> Indicates if the consumer is a female with a substance use disorder who is living with dependent children (ages birth through 17)	Text	1
<p>Must match one of the values in the lookup table lkpYESNO. Gender code must be an 'F' to enter a 'Y' status. Valid codes are:</p> <p>Y yes N no A Not applicable U unknown X not collected</p>			
46	<b>DaysWaitingToEnterTreatment</b> The number of calendar days from the first contact or request for service until the first scheduled appointment accepted by the consumer.	Text	3
<p>Valid codes are:</p> <p>000-995 Number of days waiting 996 Not applicable 997 Unknown 998 Not collected</p>			
47	<b>NbrOfArrests</b> Number of consumer arrests in the past 30 days.	Text (integer)	2

Valid codes are: 00-95 Number of arrests 96 Not applicable 97 Unknown 98 Not collected			
48	<b>ServiceFromDate</b>  MMDDYYYY indicating the date on which the service occurred, or began within the reporting month for those services spanning more than one day.	Text	8
Valid date within the current fiscal year, which starts on July 1 of one year, and ends on June 30 of the following year. For example, FY 2008 runs from July 1, 2007 through June 30, 2008.			
49	<b>AuthRep</b>  A person permitted by law, including the current Human Rights Regulations adopted by the State Board, to give informed consent or authorization for disclosure of information, treatment, including medical treatment, and participation in human research for an individual who lacks the capacity to make these decisions. Authorized representatives include guardians. A guardian is defined in section 37.2-100 of the Code of Virginia as a person appointed by the court who is responsible for the personal affairs of an incapacitated person, including responsibility for making decisions regarding the person's support, care, health, safety, habilitation, education, and therapeutic treatment, and if not inconsistent with an order of involuntary admission, residence. Guardians include limited and temporary guardians.  This was called LAR in CCS2.	Text	1
Must match one of the values in the lookup table lkpYESNO. Valid codes are: Y yes N no A Not applicable U unknown X not collected			
52	<b>AxisICode3</b>  The current DSM4 Axis I diagnosis determined by clinical or direct care staff qualified to make such assessments. This is a continuation of the first two Axis I diagnosis codes, # 26 and 27.	Text	5

Any valid DSM (currently DSM 4) diagnosis code for Axis I, without the decimal point. The contents of the entire table are not reproduced here, but include the following values for unknown records. 99996 Not applicable 99997 Unknown 99998 Not collected			
53	<b>AxisI Code4</b>  The current DSM4 Axis I diagnosis determined by clinical or direct care staff qualified to make such assessments. This is a continuation of the first two Axis I diagnosis codes.	Text	5
Any valid DSM (currently DSM 4) diagnosis code for Axis I, without the decimal point. The contents of the entire table are not reproduced here, but include the following values for unknown records. 99996 Not applicable 99997 Unknown 99998 Not collected			
54	<b>AxisI Code5</b>  The current DSM4 Axis I diagnosis determined by clinical or direct care staff qualified to make such assessments. This is a continuation of the first two Axis I diagnosis codes.	Text	5
Any valid DSM (currently DSM 4) diagnosis code for Axis I, without the decimal point. The contents of the entire table are not reproduced here, but include the following values for unknown records. 99996 Not applicable 99997 Unknown 99998 Not collected			
55	<b>AxisI Code6</b>  The current DSM4 Axis I diagnosis determined by clinical or direct care staff. qualified to make such assessments. This is a continuation of the first two Axis I diagnosis codes.	Text	5
Any valid DSM (currently DSM 4) diagnosis code for Axis I, without the decimal point. The contents of the entire table are not reproduced here, but include the following values for unknown records. 99996 Not applicable 99997 Unknown 99998 Not collected			

56	<b>ConsumerServiceHours</b> Used to capture consumer service hours.	Text (decimal)	8, including two places to the right of the decimal
A valid decimal number with a zero or positive amount, reported with two decimal places (1.25, 1.00, etc.). A zero in this field indicates that the record containing this value is recording provider units only (using data element # 10), and thus there are no consumer units to report in this field. If data element #10 records provider service hours, consumer service hours must be recorded here for the services identified in the Core Services Taxonomy Category and Subcategory Matrix.			

## New Data Elements in CCS3

The following data elements have been added in CCS3, and thus constitute part of the extract:

57	<b>MedicaidNbr</b> Consumer Medicaid number, in the format specified by the Department of Medical Assistance Services (DMAS).	Text	12
Reported for consumers enrolled in Medicaid. If a consumer is enrolled in Medicaid at one point, but then loses his or her Medicaid eligibility, the value in this field should continue to show the Medicaid number. If the consumer's Medicaid number changes, then the new number must be transmitted.			
58	<b>ConsumerFirstName</b> Consumer first name, used to extract characters for input to probabilistic matching algorithms to generate a consumer's unique id. NOT TRANSMITTED TO DEPARTMENT.	Text	30
Any valid alphanumeric character.			
59	<b>ConsumerLastName</b> Consumer last name, used to extract characters for probabilistic matching algorithm run by Department to generate unique consumer id. NOT TRANSMITTED TO DEPARTMENT.	Text	30
Any valid alphanumeric character. Last names with hyphens should put the consumer's legal last name before the hyphen.			
60	<b>TypeOfCareThroughDate</b> MMDDYYYY indicating the ending date of a type of care.	Text	8
Must be a valid date, and must be the same day as the type of care from date, or later. Must not be a date in the future (i.e. past the date of the extract file at the latest).			
61	<b>TypeOfCareFromDate</b> MMDDYYYY indicating the from date of a type of care.	Text	8
Must be a valid date. Must not be before a previous TypeOfCareThroughDate in the same Program Area.			

62	<b>ServiceThroughDate</b> MMDDYYYY indicating the end date of a service. If the service through date is the same as the from date; i.e. the service started and ended on the same day, this value should be the same as the from date. For more information, see “Service Dates” on page 8.	Text	8
Must be a valid date, and may be the same day as the service from date, or later			

### Optional data elements

63	<b>StaffId</b> It indicates the local staff identification number, or for a contract provider, their local identification number.	Text	10
This is an optional data element supplied by CSBs on a voluntary basis. If this field is omitted, place a comma after element 62 in the extract file.			

## CCS2 Data Elements Deleted from CCS3

The following CCS2 data elements have been deleted from CCS3, or been superseded by one of the data elements listed above. They are listed here for background purposes only; they are no longer required.

CCS2 Data Element Nbr.	Data Element Name and Definition
1	<p>Transaction Activity Code</p> <p>In previous versions of CCS this code was supposed to identify whether a record submitted to Department was an A(dd) or D(delete) to an existing record. In practice there were never any delete records submitted to the Department.</p> <p>This code is no longer needed in CCS3, as all extract records will be considered adds (ex. of a new Service record) or an update (ex. an existing Consumer record is replaced by a new record), depending on the specific table.</p>
4	<p>CSB Admission Date</p> <p>The Admission and Discharge records have been replaced by a TypeOfCare record in CCS3. The TypeOfCareFromDate on the new record is analogous to the old Admission date except that the old Admission date reflected admission to the CSB and the TypeOfCareDate reflects admission to a program area.</p>
6	<p>Service Enrollment Date</p> <p>Originally the date on which the consumer is enrolled in a service, but is no longer applicable under CCS3, which eliminates the concept of enrollment and release from a program.</p>
9	<p>Service Release Date</p> <p>Originally the date on which a consumer is released from a service, but no longer applicable under CCS3, which eliminates the concept of enrollment and release from a program.</p>
11	<p>CSB Discharge Date</p> <p>This date is now a field on the TypeOfCare record, the TypeOfCareThroughDate. Since a TypeOfCare record can be for any type of care, there is no need for a specific field for just a discharge date from a CSB.</p>
20	<p>Codependent</p> <p>The code indicating a consumer who is not a direct recipient of a service, but is a co-dependent of someone who is, has been dropped.</p>

50	<p>Medicaid Status</p> <p>In CCS2 this field was a flag that indicated whether or not a consumer was enrolled in Medicaid at any point during the current fiscal year. It has been replaced with the consumer Medicaid number (#57), which performs essentially the same function. If a consumer has a Medicaid number, they meet the criterion of a Y(es) in the old field. If the consumer is not a Medicaid recipient, or if the consumer's Medicaid status changes during a fiscal year, an updated Consumer record should be transmitted that leaves the number blank, which will meet the criterion of a N(o) in the old field.</p>
51	<p>Date of Last Direct SA Service</p> <p>In CCS2, indicated the last date of an SA service provided to a consumer. Can now be inferred from the date of a service on the Service table, since CCS3 collects specific service dates.</p>



## Appendix D: Data Collection Matrix

### When is data collected?

In CCS3, as in CCS2, data elements are collected at different steps of consumer involvement with the CSB. In CCS3, these steps have been redefined as part of what was called the ‘New Paradigm’. The New Paradigm replaced the CCS2 four step process (Admission to a CSB, Enrollment in a Service, Release from a Service, and finally Discharge from a CSB) with essentially two major steps from the standpoint of data extracts:

- Case Opening
- Type of Care event, ex. admission/discharge

There are other steps, but they do not require data extracts and will not be covered in this document.

#### *Case Opening*

This step occurs when a CSB determines that it can serve a consumer, and so opens a ‘case’. Note that this step requires the submission of CCS data in the Service and Consumer tables, but does not require submission of the event itself on the TypeOfCare table. Only the data elements listed in the following table are collected here:

<b>Data element number</b>	<b>Definition</b>
2	AgencyCode
3	Program area id value that indicates a service outside a program area (400)
5	ServiceCode
7	ConsumerId (CSB identifier)
8	SSN
10	Units
14	CityCountyCode
16	DateOfBirth
17	Gender
18	Race
19	HispanicOrigin
24	LegalStatus
26-29	Diagnosis Axis I, II Codes
44	PregnantStatus
48	ServiceFromDate
52-55	Diagnoses Axis I Codes3-6
56	ConsumerServiceHours
58	ConsumerFirstName
59	ConsumerLastName
62	ServiceThroughDate

*Admission to/Discharge from a Program Area (Type of Care event)*

The data elements from the Case Opening step must continue to be reported, plus additional data elements. The following is the complete list:

<b>Data element number</b>	<b>Definition</b>
2	AgencyCode
3	ProgramAreaId
5	ServiceCode
7	ConsumerId (CSB identifier)
8	SSN
10	Units
12	DischargeStatus
13a	SMISEDAtRisk
13b	CognitiveDelay
14	CityCountyCode
15	ReferralSource
16	DateOfBirth
17	Gender
18	Race
19	HispanicOrigin
21	EducationLevel
22	EmploymentStatus
23	TypeOfResidence
24	LegalStatus
25	NbrPriorEpisodesAnyDrug
26-30	Diagnosis Axis I, II, III codes
31	Diagnosis Axis V code
32-43	SA Primary, Secondary, and Tertiary drug
44	PregnantStatus
45	FemaleWithDependentChildrenStatus
46	DaysWaitingToEnterTreatment
47	NbrOfArrests
48	ServiceFromDate
49	Authorized Representative
52-55	AxisI codes 3-6
56	ConsumerServiceHours
57	MedicaidNbr

58	ConsumerFirstName
59	ConsumerLastName
60	TypeOfCareThroughDate
61	TypeOfCareFromDate
62	ServiceThroughDate
63	StaffId (optional)

## Data Element and Program Area Cross-Reference Chart

Different data elements apply to different program areas, as shown in the following chart.

Data element number	Definition	Mental Health	Substance Abuse	Mental Retardation
2	AgencyCode	Y	Y	Y
3	ProgramAreaId	Y	Y	Y
5	ServiceCode	Y	Y	Y
7	ConsumerId (CSB identifier)	Y	Y	Y
8	SSN	Y	Y	Y
10	Units	Y	Y	Y
12	DischargeStatus	Y	Y	Y
13a	SMISEDAtRisk	Y	Y	N
13b	CognitiveDelay	N	N	Y
14	CityCountyCode	Y	Y	Y
15	ReferralSource	Y	Y	Y
16	DateOfBirth	Y	Y	Y
17	Gender	Y	Y	Y
18	Race	Y	Y	Y
19	HispanicOrigin	Y	Y	Y
21	EducationLevel	Y	Y	Y
22	EmploymentStatus	Y	Y	Y
23	TypeOfResidence	Y	Y	Y
24	LegalStatus	Y	Y	Y
25	NbrPriorEpisodesAnyDrug	Y	Y	N
26-30	Diagnosis Axis I, II, III codes	Y	Y	Y
31	Diagnosis Axis V code	Y	Y	N
32-43	SA Primary, Secondary, and Tertiary drug	Y	Y	N
44	PregnantStatus	N	Y	N

45	FemaleWithDependentChildrenStatus	N	Y	N
46	DaysWaitingToEnterTreatment	N	Y	N
47	NbrOfArrests	Y	Y	N
48	ServiceFromDate	Y	Y	Y
49	Authorized Representative	Y	N	Y
52-55	AxisI codes 3-6	Y	Y	Y
56	ConsumerServiceHours	Y	Y	Y
57	MedicaidNbr	Y	Y	Y
58	ConsumerFirstName	Y	Y	Y
59	ConsumerLastName	Y	Y	Y
60	TypeOfCareThroughDate	Y	Y	Y
61	TypeOfCareFromDate	Y	Y	Y
62	ServiceThroughDate	Y	Y	Y
63	StaffId (optional)	Y	Y	Y

## Appendix E: Business Rules

Business rules enforce the policies and procedures specified by an organization for its processes.

The following are general business rules for the CCS3 database not discussed elsewhere in this document. Validation checks are basic business rules, and the general validations of CCS3 data are described below. Specific validation checks on individual data elements are defined in Appendix C: CCS3 Extract Data Element Definitions beginning on page 18.

### **Extract record values**

#### *General*

All field values in the CCS3 extract files must be validated before the extract is submitted. Invalid data fields are subject to fatal errors, which will cause the record to be rejected.

#### *Dates*

All dates must be valid, and be entered in the format MMDDYYYY with no slashes, spaces, or special characters. Leading zeroes must be supplied for single digit days and months, i.e. February 1 is 0201.

Century values must be greater than or equal to 1900; there must not be a month value greater than 12, and there must not be a day value greater than 31.

## CCS3 Unknown Value Codes

CCS3, in an attempt to improve the data quality of the extracts, is clarifying the meaning of certain field codes for situations for when the value of a field is not clear. For the purposes of this documentation, we will call them ‘unknown values’. In the past, CCS used the codes 96, 97, and 98 to indicate Not Applicable, Unknown, and Not Collected, as well as allowing blanks or missing values. These codes were introduced in earlier versions of CCS, but their use is being standardized and clarified in CCS3. These distinctions may seem subtle, but they are important for reporting clearly and unambiguously.

There are four potential categories into which ‘unknown’ values can be placed: Blanks, Not Applicable, Unknown, or Not Collected.

### *Blanks*

There are certain fields where there is no extract value. The value would be applicable and could be known if collected; however, clinical circumstances dictate that a value can not always be supplied. An example is social security number; some consumers may not have a social security number.

These fields can be left ‘blank’ on the initial extract; i.e. they can be left out. In the extract file, they will be indicated by two consecutive commas. For example, if there were three fields in a row, but the value for field 2 was blank, then the extract would look like (value1,,value3).

Note that if a blank value is to be used at the end of an extract file, there must be a comma representing that blank (i.e. ,). Omitting the comma will cause the extract to completely ignore the value, meaning the blank will not be recorded.

There is no code for blanks in the lookup tables, unlike the other codes, which are listed in the data element definitions in Appendix C: CCS3 Extract Data Element Definitions beginning on page 18.

### *Not applicable (96)*

There are certain fields where a value is nonsensical or not applicable; for example, FemaleWithDependentChildrenStatus does not make sense for a male consumer. Also, a male consumer can not be pregnant. Thus a value of ‘not applicable’ would be entered.

The values of ‘not applicable’ depend on the size of the field in which it is being used:

Single byte field	‘A’ for not applicable
Two byte field	‘96’
Three byte field	‘996’
Four byte field	‘9996’
Five or more bytes	‘99996’

There are some fields in CCS3 where the value is built into or provided by the known code, so that the 96 code does not apply. For example, a consumer has to have a residence of some sort, and there are codes built into the lkpRESIDENCE table to identify the possibilities. For example, if their residence is that they are homeless, or live in a shelter, then code 13 indicates that. However, the values of 97 and 98, Unknown and Not Collected, may still apply. Another example is education levels; there is a built-in code in lkpEducation to indicate that the consumer never attended school, so the code for not applicable is not needed.

### *Unknown (97)*

A value may be applicable in a certain situation, but the value may not be known. A determination or collection was attempted, but could not be completed. In the preceding example, if the consumer is a female, they could possibly have a dependent child; or a female consumer could be pregnant.

The values of 'unknown' depend on the size of the field in which it is being used:

Single byte field	'U' for not applicable
Two byte field	'97'
Three byte field	'997'
Four byte field	'9997'
Five or more bytes	'99997'

### *Not collected (98)*

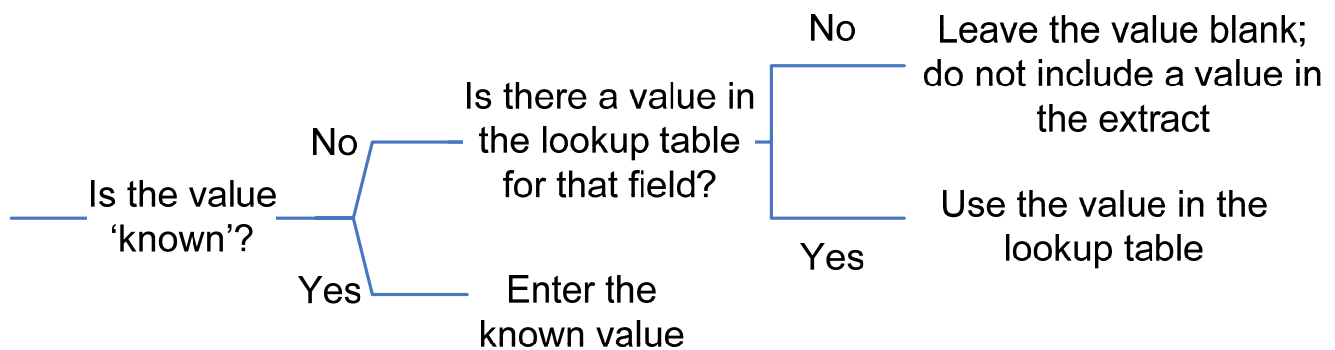
There are other situations where the most accurate description of a value indicates that it was not collected; i.e. there was no attempt to collect the information. This is different from the unknown code. Not Collected indicates that the value would be applicable, and could be known, but its value was not obtained at the time of the extract.

Note that this is different from a blank value, which is an acceptable value on some fields. However, if there is a code in the lookup table for Not Collected, then that value should be used instead of blank.

The values of 'not collected' depend on the size of the field in which it is being used:

Single byte field	'X' for not collected
Two byte field	'98'
Three byte field	'998'
Four byte field	'9998'
Five or more bytes	'99998'

The following decision tree may be helpful in determining when to supply a value, when to use a 96,97, or 98 value, and when to use blanks:



The first step is to determine if the value is known; i.e. there is an actual discrete value. For example, you know the consumer's gender or their SSN, or their Medicaid number, and so you enter it. In this situation the value was applicable, so code 96 does not apply; it was known, so code 97 does not apply; and you were able to collect it, so code 98 does not apply.

If the value is not known, then look to see if there is a 96, 97, or 98 code specified in the lookup tables (see the Data Elements Definitions for each field). If one of those codes is specified, and is applicable, then use that code.

Finally, if the value is not known, and there is no code 96, 97, or 98 specified in the lookup table, then you can leave the value blank.